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20350 7590 11/12/2008

TOWNSEND AND TOWNSEND AND CREW, LLP
 TWO EMBARCADERO CENTER
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Donna Hill	(Depositor's name)
<i>Donna Hill</i>	
Feb 10 - 2009	(Signature)
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,138	12/06/2005	Karl F. Johnson	019957-015920US	6771

TITLE OF INVENTION: SYNTHESIS OF OLIGOSACCHARIDES, GLYCOLIPIDS, AND GLYCOPROTEINS USING BACTERIAL GLYCOSYLTRANSFERASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/12/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEAH, MOHAMMAD Y	1652	435-097000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Townsend and Townsend and Crew LLP 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Neose Technologies, Inc.
 Governors of the University of Alberta

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Horsham, PA
 Edmonton, Alberta, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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- A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jennifer Wahisten

Typed or printed name

Jennifer L. Wahisten

Date *February 10, 2009*

46,226

Registration No.

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